I N V O I C E Amendment 13
Payment 1

Invoice No. **AI-04-NP13-1-**_____   _____, 2004
      2 digit airline code

_____
Airline Name   City   State   Zip Code

_____   _____
Point of Contact   Phone

_____   _____
Fax   E- Mail

***Description of Charge*s:** FAA Aviation War Risk Insurance Policy
Effective Period: 00:00 GMT February 9, 2004 until 23:59 August 31, 2004.

PREMIUM CALCULATION:
The premium for Parts I (Hull Risk Insurance), II (Passenger, Crew, and Property Liability) and III (Third-Party Liability) should be calculated separately according to the terms of your FAA insurance policy. The total should then be compared to *twice* the premium for Part III alone, and the lesser of the two amounts should be remitted to FAA **in two separate payments.** A spreadsheet to help you calculate your premium is available for downloading at http://insurance.faa.gov. The following data is required to allow FAA to verify calculation of your premium:

Fleet valuation for policy period: $_____

Forecast enplanements for policy period: _____

Forecast RPMs for policy period: _____

Forecast RTMs on dedicated cargo flights for policy period: _____
(Note: do NOT include RTMs carried on passenger flights)

 Enplanement = The total number of passengers boarding aircraft. Includes both originating and connecting passengers.
 RPM (Revenue Passenger Mile) = One revenue passenger transported one mile in revenue service.
 RTM (Revenue Ton Mile) = One ton of enplaned revenue traffic transported one mile on a dedicated air cargo flight.

TOTAL DEPOSIT PREMIUM $ _____

50% of TOTAL Due by February 19, 2004 $ _____

Payment must be received at FAA on or before 5:00 P.M. EST on Thursday, February 19, 2004.

Electronic Funds Transfer (FedWire)		**Payment by Check**
Name of beneficiary:	Federal Aviation Administration	Do not send by U.S. mail. Use only
Address of beneficiary:	800 Independence Ave., SW	courier service such as UPS, Fed Ex,
	Washington, DC 20591	DHL, Airborne, etc.
Receiver (Bank) Name:	TREAS NYC/(69001104)	
Receiver (Bank) Address:	U.S. Treasury	Federal Aviation Administration
	c/o Federal Reserve Bank of New York	Aviation Insurance, APO-3
Receiver (Bank) ABA No.:	**0210 3000 4**	Room 939
Account No:	**69 00 1104**	800 Independence Ave., SW
Reference:	Invoice Number **and** Airline Name	Washington, DC 20591

Indicate method of payment: _____ electronic transfer _____ check

Fax invoice to (202) 267-3324 or (202) 267-3278 or (202) 267-5370